

POSITION	INITIALS	ID N.	DATE
FEE DETERMINATION	BA	2385	
O.I.P.E. CLASSIFIER		21	
FORMALITY REVIEW	CM	71632	

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted

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Claim	Final	Original	Date
1	✓	✓	2/16/00
2	✓	✓	7/30/00
3	✓	✓	7/30/01
4	✓	✓	7/30/01
5	✓	✓	7/30/01
6	✓	✓	7/30/01
7	✓	✓	7/30/01
8	✓	✓	7/30/01
9	✓	✓	7/30/01
10	✓	✓	7/30/01
11	✓	✓	7/30/01
12	✓	✓	7/30/01
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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